



IMPORTANT

Students signing up for the 5 week STNA course **MUST** bring this completed form on the first day of class.

This is to certify that _____

Was seen in my office today, _____, for a physical

examination. I have determined that this individual **does not** have a communicable disease that would compromise patient/resident care while performing the duties of a State Tested Nursing Assistant. This individual may perform the duties of a State Tested Nursing Assistant without any restrictions.

This includes the ability to lift up to fifty (50) pounds.

Physician's signature

PLEASE PLACE PHYSICIAN'S STAMP WITH NAME AND ADDRESS IN SPACE ABOVE. Please also include dates and results of the **2-Step TB Skin Test** if done at your office.

Results may be faxed to the Medina County Career Center to the attention of:
Pam Wheeler, RN, BSN, Allied Health Coordinator, at 330.725.3842